

101539560

**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	2		2			
6	0		0			
7			1			
8			1			
9			2			
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24	1					
25	2					
26	1					
27	1					
28						
29						
30						
31						
32						
33						
34						
35	1					
36	1					
37	5					
38	1					
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50			0			
TOTAL IND.			11		11	
TOTAL DEP.	11		198	198	198	198
TOTAL CLAIMS			159		159	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						